U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 242	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.  Name Kenneth G Matthews	Name, file number, and address of labor organization.  Name Inernational Association of Machinists LL2766  Labor Organization File Number 517-828		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 103 Rhyne Rd.	Street 9740 Madison Blvd.		
City Madison	City Madison		
State Alabama ZIP Code + 4 35758	State Alabama ZIP Code + 4 35758		
5. Position in labor organization. Recording Secretary			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name The Boeing Company	Offsite/Pre-negotiations meeting, where the company provided breakfast, lunch, snacks, and dinner at their sole expense.
Trade Name, if any: Boeing	
P.O. Box, Bldg., Room No., if any P.O. Box 240002	
	7.b. Amount.
Street 499 Boeing Blvd.	
City Huntsville	\$50
State Alabama ZIP Code + 4 35824-6402	

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Kunith & Maulews

Telephone Number

-	2			
Name of Person Filing Kenneth Matthews			File Number U <sub>2</sub> 2/2/	
B. Held an interest in or derived income or econ substantial part of which consists of buying from of an employer whose employees your labor or (2) any part of which consists of buying from or dealing with your labor organization or with a tru	n, selling or leasing to, or or ganization represents or is selling or leasing directly or	otherwise dealing with the busine actively seeking to represent, or or indirectly to, or otherwise	ess r	
8. Name and address of Business (including trade Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		9. Business deals with:  a. Labor Organiz  b. Trust  c. Employer	zation	
State ZI	P Code + 4			
10. If 9.b. or 9.c. is checked give trust or employ	ver's name.	11.a. Nature of such de	aling.	
Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Street	treet		11.b. Approximate dollar value of such dealing.	
City	City		12.a. Nature of interest held or income received.	
State ZI	P Code + 4			
		12.b. Amount.		
C. Received from any employer (other the or from any labor relations consultant to an en	an an employer covered nployer any payment of m	under parts A and B above) noney or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
Name				
Trade Name, if any:				

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant